

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953528	(X3) DATE SURVEY COMPLETED R 01/18/2019
NAME OF PROVIDER OR SUPPLIER WYNDHAM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 417 WESTWOOD ROAD WEST PALM BEACH, FL 33401	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to licensure complaint survey CCR# 2018012797, was conducted on -1/18/2019 at Wyndham House, License # 63. The previously cited deficiencies were found corrected.